

EMPLOYER'S NOTICE OF APPLICATION

Request for Separation and Wage Payment

Case 1:05-cv-00129-SJM Document 1-8 Filed 05/23/2006

Page 1 of 1

The individual identified below has filed a claim for unemployment compensation benefits. Complete this form as requested and return it to the address on the reverse in the enclosed envelope **WITHIN 4 BUSINESS DAYS**. Failure to reply within this period will result in a determination as to eligibility based on available facts. Your signature and the date signed are required on the bottom of this form.

PLEASE COMPLETE PARTS: A B C D

Social Security No.	Claimant's Name	Badge No.	FOR LOCAL OFFICE USE ONLY		
181-66-3925	STEPHANIE A. MRAZ		Mailing Date	Renewal Date	LER WV
The claimant has indicated the reason for separation or partial unemployment as:		Date of Application	PGM	Seq. No.	LG. No.
		10-19-03	REG	03	0987
				Sep Co	4545A

PART A

If applicable, list wages, hours worked, tips, and hours absent when work was available for the dates below. If none, check this block:

- If the employee was absent when work was available, give average hourly wage: \$ _____

Dates	Gross Wages End. Ea. Day	Hrs. Worked Each Day	Tips and Gratuities	Hours Absent
10-19-03				
10-20-03				
10-21-03	39.97	4.15		
10-22-03				
10-23-03	41.40	4.30		
10-24-03				
10-25-03				
TOTAL	81.37	8.45		

PART B

What was the claimant's last day of work prior to: ?

Please enter the date here: _____

Did the claimant earn \$ _____ or more during THE PERIOD
FROM _____ TO _____ ?

YES NO; If NO, amount earned \$ _____

EMPLOYER'S
NAME AND
ADDRESS

03-042430

MR TILE INC
RD 8 BOX 2360
KITTANNING

PA
16201-3547

**PART C**

1. Last date worked (Complete if date
is different from PART B above): _____

2. Was the claimant hired for: Full Time? Part Time?
If part time, explain: _____

3. Reason for Separation or Partial Unemployment: **IMPORTANT** - Please check the appropriate block below. If the employee was separated for reasons other than lack of work, provide an explanation below. If you indicate the reason for separation is employee misconduct, you must provide a full and detailed statement of the action(s) that resulted in termination of employment. This statement should be signed by a person with firsthand knowledge and must be accompanied by copies of relevant documentation such as time cards, personnel files, written warnings, employer's rules, medical statements, and statements of persons with firsthand knowledge of the events leading to the termination.
 Lack of Work Voluntary Quit Misconduct Other, explanation: (Use extra sheet if necessary)

4. Will the claimant receive a pension payment? YES NO; If YES, amount \$ _____ Monthly Lump Sum
If YES, provide the effective date _____

5. Educational Institutions and Educational Service Agencies: Does this individual have a contract or reasonable assurance of returning to work when school reopens? YES NO Reasonable assurance means that an individual who performs services for an educational institution or educational service agency in the first of two successive academic years or terms, or immediately prior to an established vacation or holiday closing, has a verbal, written or implied agreement to return-to-work-for-an-educational institution or educational service agency in the same capacity and under substantially the same economic terms and conditions in the second of such academic years or terms immediately following the vacation or holiday period.

PART D

1. What is the claimant's gross full time base wage? \$ 963 hr. \$ _____ day; \$ _____ week.

2. Type of Separation: Permanent Partial Unemployment Temporary - enter expected date of recall

WAS THE CLAIMANT PAID OR WILL HE/SHE BE PAID:

3. For any days after his/her last day of work? YES NO; If YES, amount \$ _____ representing wages thru _____

4. Holiday Pay? YES NO; If YES, amount \$ _____ holiday _____

5. Vacation Pay? YES NO; If YES, amount \$ _____ payment date _____

If payment is for vacation shutdown or designated period, specify the period: from _____ to _____

6. Remarks: 5-27-03 Employee requested 2-4 hour days. Original requested hours is all that is available.
Employee submitted valid doctor's excuse - Employee declined 40 hours that was available at that time.

By my signature, I certify that the information that I have supplied is true and correct. I realize that the Pennsylvania Unemployment Compensation Law provides penalties for making false statements.

10-30-03

Sophie A. Mraz

Date

Signature

Comptroller

Title

724 548 7601

Telephone No.

NO FURTHER NOTICE WILL BE ISSUED TO YOU UNLESS YOU HAVE INDICATED SOME LEGAL BASIS FOR THE DENIAL OF BENEFITS.

EXHIBIT

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